### **Health and Safety Due Diligence Checklist**

**Location:** [Specify location]  
**Date:** [Insert date]  
**Inspector(s):** [Insert name(s)]  
**Department/Area Inspected:** [Specify area]

| **Item** | **Description** | **Yes/No/NA** | **Notes/Action Required** | **Completed By** | **Completion Date** |
| --- | --- | --- | --- | --- | --- |
| 1.1 | All employees have completed mandatory safety training |  |  |  |  |
| 1.2 | Risk assessments have been conducted for all work areas |  |  |  |  |
| 1.3 | PPE is provided, maintained, and used correctly by employees |  |  |  |  |
| 1.4 | Emergency response plans have been tested and reviewed |  |  |  |  |
| 1.5 | Workplace inspections are conducted at regular intervals |  |  |  |  |
| 1.6 | Safety concerns reported by employees are tracked and addressed |  |  |  |  |
| 1.7 | Legal and regulatory compliance is reviewed and documented |  |  |  |  |